

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

IN RE:

**CHILD PROTECTION  
FINANCIAL AFFIDAVIT**

*(If more space is needed, attach additional sheets.)*

**CHILD(REN) WHO ARE THE SUBJECT OF THIS PROCEEDING:**

Name of Child(ren):

Relationship to Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number (     ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status ☐ single ☐ married ☐ divorced ☐ separated ☐ widowed  
I live ☐ alone ☐ with spouse ☐ with partner ☐ with parent ☐ with friend ☐ homeless

**INCOME:**

**1. EMPLOYMENT**

a. Where do you work? (list employer name/address/telephone number) \_\_\_\_\_

b. Length of time employed: \_\_\_\_\_ ☐ Full time ☐ Part time ☐ Seasonal

c. If not currently employed, when and where were you last employed? \_\_\_\_\_

d. Do you anticipate being employed or having other income within the near future? ☐ yes ☐ no  
If yes, explain \_\_\_\_\_

2. ANNUAL INCOME Last year: \_\_\_\_\_ Anticipated this year: \_\_\_\_\_

**3. MONTHLY/WEEKLY INCOME**

a. Salary and wages (gross pay) \$ \_\_\_\_\_ per \_\_\_\_\_  
b. Unemployment \$ \_\_\_\_\_ per week  
c. Social Security \$ \_\_\_\_\_ per month  
d. TANF (AFDC) \$ \_\_\_\_\_ per month  
e. Alimony/child support \$ \_\_\_\_\_ per \_\_\_\_\_  
f. Other income (pension/workers' comp/interest/dividends/rental etc.) \$ \_\_\_\_\_ per \_\_\_\_\_

Do you receive fringe benefits such as meal allowance or use of a car? ☐ yes ☐ no  
If yes, describe \_\_\_\_\_

Do you receive any other kind of pay or compensation not included above? ☐ yes ☐ no  
If yes, describe \_\_\_\_\_

The following deductions come out of my pay in addition to taxes: (Give amounts)

Child support \_\_\_\_\_ Debt payments \_\_\_\_\_ Insurance \_\_\_\_\_ Other \_\_\_\_\_

4. Do you expect to receive any payments such as retroactive government benefits, tax refunds, settlements, etc?  
☐ yes ☐ no If yes, describe \_\_\_\_\_
5. Does anyone owe you money? ☐ yes ☐ no If yes, describe \_\_\_\_\_

### **ASSETS AND DEBTS**

1. Assets (Give current values)  
Real estate \_\_\_\_\_ Car/truck \_\_\_\_\_ Boat/rec. vehicles \_\_\_\_\_  
Bank accounts \_\_\_\_\_ Pension \_\_\_\_\_ Securities \_\_\_\_\_  
Any other item worth over \$50 \_\_\_\_\_
2. Debts  
Mortgage balance \_\_\_\_\_ Monthly payment \_\_\_\_\_  
Loan balances \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Credit card debts \_\_\_\_\_ Monthly payments \_\_\_\_\_

### **DEPENDENTS**

Children (give names and dates of birth) \_\_\_\_\_  
\_\_\_\_\_

The children live with ☐ me ☐ other parent ☐ other ☐ some with me/some with others  
I pay support of : \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_  
Total child support paid last year \_\_\_\_\_; this year to date \_\_\_\_\_  
Do you have other dependents? If so, list: \_\_\_\_\_  
Does anyone provide you with support? (Spouse/partner/parent, etc.) ☐ yes ☐ no If yes, identify: \_\_\_\_\_  
\_\_\_\_\_

### **CHILD RELATED COSTS**

Cost of health insurance for children \_\_\_\_\_  
(To determine this amount, deduct the cost of insurance for yourself from the cost for the family.)  
Weekly child care costs so you can work or train to work \_\_\_\_\_  
Do any of your children have regular recurring medical expenses? (for example, asthma medication)  
☐ yes ☐ no If yes, give details and amount \_\_\_\_\_  
\_\_\_\_\_

### **OTHER**

Describe any other facts you believe are important to understand your financial situation.  
\_\_\_\_\_  
\_\_\_\_\_

ON MY OATH, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS AFFIDAVIT IS TRUE  
AND INCLUDES ALL OF MY INCOME, ASSETS AND DEBTS.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me:

Date: \_\_\_\_\_

\_\_\_\_\_  
(Attorney)(Notary)(Deputy Clerk)

Based on review of the parent's financial circumstances, including an interview with the parent, I make the following recommendation:			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Not eligible	<input type="checkbox"/> Partially eligible	\$ _____
RECOMMENDATION: _____			
Date: _____		Screener: _____	